FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

12 JUL -9 PM 3: 12

1. (a) Name of Candidate (in full)		
IMAD ALDEAN AHMAD		
(b) Address (number and street)		
(c) City, State, and ZIP Code RETHESDA MD 2081Y 3. Is This New Statement (N) OR (A)		
(c) City, State, and ZIP Code RETHESDA MD 2081Y 4. Party Affiliation LIBER TARIAN U.S. SEWATE Amended Statement (N) OR Amended (A) Amended (A) Amended (A)		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election)		
NOTE: This designation should be filed with the appropriate office listed in the instructions.		
(a) Name of Committee (in full)		
AHMAD FOR U.S. SENATE		
(b) Address (ridinizer and siteet)		
P.O. Box 7742		
(c) City, State, and ZIP Code		
ESSEX, MD ZIZZI		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES		
(Including Joint Fundraising Representatives)		
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my		
candidacy.		
NOTE: This designation should be filed with the arrival approximate approximate		
NOTE: This designation should be filed with the principal campaign committee.		
(a) Name of Committee (in full)		
(a) Name of Committee (in full)		
(a) Name of Committee (in full)		
(a) Name of Committee (in full) (b) Address (number and street)		
(a) Name of Committee (in full) (b) Address (number and street)		
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code		
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Date		
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Date 6 12 8 172		

A: RECEIVED
SECRETARY OF THE SENATE
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12 JUL -9 PM 3:12 Bethesda, Maryland 20814 4323 Rosedale Avenue MARYLAND LIBERTARIAN PARTY

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HART SENATE OFFICE BUILDING **SUITE 232** WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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